

IA 98149858

FACILITY NAME:

Nature's Care Center

LOCATION:

487 SW Ordinance

RCRA ID #:

IA 981498587

DATE: 01/25/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____


R00342530
RCRA RECORDS CENTER

FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

IAD 981498587

Last Revised: 1/25/91

Time to complete screening: 40 min

RCRA SCREENING CHECKLIST

Inspector: Robert J. Vradin Primary Media: _____

Date: 01/25/94

Facility: Nature's Care Center

Facility Address: 907 SW Ordinance

Arkeny IA 50021

Phone (515) 964-0611

Contact/Title: Keith Wilson / President

SIC #: _____ Process: _____

Office Questions:-----

1) Facility description 1 building, 9600 ft²

2) Does facility have an EPA ID number? Yes ☒ No ☒ IAD 981498587

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) none

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes _____ (please note which ones are classified as HQ) No ☒

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: none

Field Observations:-----

6) Are CIW/HW stored on-site? Yes _____ No _____ Describe (material, approximate quantity, storage method): NA

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): NA

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes _____ No ☒ Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes _____ No ☒ Describe _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes _____ No ☒ Describe: _____

11) Recommendations and/or Additional Observations: does not know EPA number

does not generate hazardous waste

SOP No. 2110.3A

GPS FIELD SHEET

Name: Nature's Care Center Date: 02/04/94

Accuracy required: ± 25 Meters (or better)

Time: X CST CDT MST MDT

Time observation began 11/07 Time observation ended 11/23
hr/min hr/min

Antenna Height: 3 slope distances using measuring rod (100 centimeters = 1 meter)

1.36m

Average slope distance from above measurements: meters

Receiver EPA No.: IA D981498587

File Name: 024

Verbal Description of weather:

temp 25°F wind 10 mph NW

Obstructions (building, electric poles, etc.):

electric poles

Verbal Description of point (site name, state, city, county, and associated sample numbers, etc.):

Nature's Care Center, Ankeny, IA, Polk

Deviations from SOP:

GLOBAL POSITIONING SYSTEM

1. All facility locations are to be determined using GPS.
2. The contractor shall follow the procedures outlined in SOP number 2110.3A.
3. The contractor shall follow the principles for collecting and documenting coordinates using the "Locational Data Policy Implementation Guidance" dated 04/30/93.
4. For consistency, the facility location should be obtained at one of the following locations at the facility. These locations are listed in priority order. Lower priority locations should only be used if the higher priority locations are not available.
 - a. The center of the main entry road or driveway leading to the plant entrance or office. This location must be off of the street the facility is located on as opposed to a side street.
 - b. In front of the main door to the plant or office near or next to the street or parking lot.
 - c. Other locations at the facility.
5. In some cases and due to the physical location of the facility, it may not be feasible to operate the GPS equipment directly at the location identified in paragraph 4 above (location station). In such cases, the GPS reading may be obtained at a temporary station adjacent the location station and the direction and distance to and from the temporary station to the location station be obtained and recorded. Measurements should be taken to the nearest centimeter or 1/2 inch. Directions should be measured to the nearest degree. The temporary station should be within 50 feet of the location station.

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Facility: Nature's Care Center

Location: Ankeny, Iowa

Direction: --

Subject: Site #24 identification sheet.

Photographer: Bob Varadin

Camera Type: Canon 35mm

Witness: None

Film Type: 100 ASA

Date: February 4, 1994

Time: 1114

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Facility: Nature's Care Center

Location: Ankeny, Iowa

Direction: South

Subject: GPS equipment and front of facility.

Photographer: Bob Varadin

Camera Type: Canon 35mm

Witness: None

Film Type: 100 ASA

Date: February 4, 1994

Time: 1115

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

IAD 981498587

Facility Name Nature Care Center	
Facility Address 907 SW Ordinance Rd Ankeny IA 50021	
Inspector (print) Robert S. Varadın	Title
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date 01/25/94	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S. EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

IA098149858

Facility Name	Nature's Care Center
Facility Address	907 SW Ordinance, Ankeny IA 50001

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

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To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
X <i>Ly. Keith Wilson</i>	<i>25 Jan 94</i>
Signature/Date	
X <i>Ly. Keith Wilson</i>	

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

JAD981498587

Facility Name	Nature's Care Center
Facility Address	907 SW Ordance Akeny IA 50001

Information for which confidential treatment is requested:

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
E. Keith Wilson	E. Keith Wilson 25 Jan 94
No confidential treatment claimed during the inspection: <u>Yes</u> (Facility Representative's initials)	
Inspector (print)	Signature/Date
Robert J. Varadin	Robert J. Varadin 01/25/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

IAD 981498507

RCRIS HANDLER INFORMATION

This form completed on 01/25/94 (date) by Bib Varadin (name of person completing form)
metcath + GDD (name of person's employer), TES X Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA IAD 981498587

1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):

Nature's Care Center

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"
 - EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: 907 SW Ordinance
 CITY/ZIP CODE: Ankeny, IA 50021

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: Same
 CITY/ZIP CODE: Same, IA 50021

4. INSTALLATION CONTACT PERSON:

Name: Keith Wilson
 Title: President
 Telephone Number: Area Code (515) 964-0611
 Street Address: 907 SW Ordinance
 City/Zip Code: Ankeny, IA 50021

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: Dean S. Gorkwin
 Street Address: 9719 NE Frisk Dr
 City/Zip Code: Ankeny, IA 50021
 Telephone Number: Area Code (515) 240-4526

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE

(CHECK ALL THAT APPLY)

 Hazardous waste generation Hazardous waste transportation

 Conditionally exempt small quantity generator

 Transports waste for self only

 Small quantity generator

 Transports waste for hire

 Large quantity generator

 Other: (specify)

7. COMMENTS:

does not generate hazardous waste

(INCLUDE INFORMATION HERE SUCH AS, IF THE COMPANY LISTED IN RCRIS AS OCCUPYING THE SITE IS NO LONGER THERE, DID THEY GO OUT OF BUSINESS OR MOVE TO A NEW LOCATION, AND IF KNOWN, WHAT IS THAT NEW LOCATION)

RCRIS data entered

BY

ON

RCRIS AARP/SEE superseded by 4/19/95 update
12/12/95

24

November 1993

Below is a summary of the information currently in EPA's RCRA Computer Data Base for the INSTALLATION LOCATION and EPA RCRA Identification Number listed.

If any of this information is inaccurate, you may notify us of the change(s) by writing to us, telephoning us, or by completing a Notification of Regulated Waste Activity Form (EPA Form 8700-12), a copy of which is attached, or simply marking any changes on this form and sending it to EPA at:

EPA REGION 7 - RCRA/IOWA
726 MINNESOTA AVENUE
KANSAS CITY, KANSAS 66101

Your cooperation in helping us to maintain accurate records is appreciated. If you have any questions, please call the Iowa RCRA Hazardous Waste Inquiry Helpline number (913) 551-7861, and leave a detailed message. Someone will get back to you as soon as possible.

EPA RCRA ID Number: IAD981498587

Name of Company/Installation: NATURE'S CARE CENTER
Location of Installation: 907 ~~1313~~ SW ORDNANCE
County: ANKENY, IA 50021
IAPOLK

Mailing Address: 907 ~~1313~~ SW ORDNANCE
ANKENY, IA 50021

Installation Contact: KEITH WILSON
Job Title: PRESIDENT
Phone Number: (515) 964-0611
Contact's Address: 907 ~~1313~~ SW ORDNANCE
ANKENY, IA 50021

Current Owner of Installation: ~~SAFETY KLEEN CORP~~
Owner's Address: Dean S. Godwin Ankeny
9719 N.E. Frisk Dr. Ia 50021
Phone Number: (515) 964-7880
Land Type: Unknown work-240-472p
Owner Type: Unknown
Regulated Activities: SMALL QUANTITY GENERATOR

G. Keith Wilson G. Keith Wilson Pres 25 Jan 94
Your Signature Your Name and Official Title Date Signed

All information you submit in a notification can be released to the public, according to the Freedom of Information Act, unless it is determined to be confidential by U.S. EPA pursuant to 40 CFR Part 2. Since notification information is very general, the U.S. EPA believes it is unlikely that any information in your notification could qualify to be protected from release. However, you may make a claim of confidentiality by printing the word "CONFIDENTIAL" on both sides of the Notification Form and on any attachments or submittals including this information report. EPA will take action on the confidentiality claims in accordance with 40 CFR Part 2.

RCRIS data entered
BY PCO AARP/SEE
ON 12/12/95

Superseded by 4/19/95 update